



Account ID: _____ - _____

Business name: _____

Reporting period you are amending: ____/____/____ through ____/____/____

Part 1 — List all locations within a county or a municipality with no business district sales tax.**You must round your figures to whole dollar amounts. See instructions.**

Location code _____
Site name _____
Site address _____
City and ZIP _____ **IL**

General merchandise
4a _____ X $\frac{\text{(rate)}}{\text{(rate)}}$ = **4b** _____
Food, drugs, and medical appliances
5a _____ X $\frac{\text{(rate)}}{\text{(rate)}}$ = **5b** _____
Purchases at other rates
8a _____ **8b** _____

Location code _____
Site name _____
Site address _____
City and ZIP _____ **IL**

General merchandise
4a _____ X $\frac{\text{(rate)}}{\text{(rate)}}$ = **4b** _____
Food, drugs, and medical appliances
5a _____ X $\frac{\text{(rate)}}{\text{(rate)}}$ = **5b** _____
Purchases at other rates
8a _____ **8b** _____

Location code _____
Site name _____
Site address _____
City and ZIP _____ **IL**

General merchandise
4a _____ X $\frac{\text{(rate)}}{\text{(rate)}}$ = **4b** _____
Food, drugs, and medical appliances
5a _____ X $\frac{\text{(rate)}}{\text{(rate)}}$ = **5b** _____
Purchases at other rates
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Location code _____
Site name _____
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City and ZIP _____ **IL**

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Site name _____
Site address _____
City and ZIP _____ **IL**

General merchandise
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Location code _____
Site name _____
Site address _____
City and ZIP _____ **IL**

General merchandise
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Food, drugs, and medical appliances
5a _____ X $\frac{\text{(rate)}}{\text{(rate)}}$ = **5b** _____
Purchases at other rates
8a _____ **8b** _____



Account ID: _____ - _____

Business name: _____

Reporting period you are amending: ____/____/____ through ____/____/____
Month Day Year Month Day Year**Part 2 — List all sites located in a municipality with a business district sales tax.****You must round your figures to whole dollar amounts. See instructions.**

Location code _____
 Business district _____
 Site name _____
 Site address _____
 City and ZIP _____ **IL**

General merchandise
4a _____ X ^(rate) _____ = **4b** _____
 Food, drugs, and medical appliances
5a _____ X ^(rate) _____ = **5b** _____
 Purchases at other rates
8a _____ **8b** _____

Location code _____
 Business district _____
 Site name _____
 Site address _____
 City and ZIP _____ **IL**

General merchandise
4a _____ X ^(rate) _____ = **4b** _____
 Food, drugs, and medical appliances
5a _____ X ^(rate) _____ = **5b** _____
 Purchases at other rates
8a _____ **8b** _____

Location code _____
 Business district _____
 Site name _____
 Site address _____
 City and ZIP _____ **IL**

General merchandise
4a _____ X ^(rate) _____ = **4b** _____
 Food, drugs, and medical appliances
5a _____ X ^(rate) _____ = **5b** _____
 Purchases at other rates
8a _____ **8b** _____

Location code _____
 Business district _____
 Site name _____
 Site address _____
 City and ZIP _____ **IL**

General merchandise
4a _____ X ^(rate) _____ = **4b** _____
 Food, drugs, and medical appliances
5a _____ X ^(rate) _____ = **5b** _____
 Purchases at other rates
8a _____ **8b** _____

Location code _____
 Business district _____
 Site name _____
 Site address _____
 City and ZIP _____ **IL**

General merchandise
4a _____ X ^(rate) _____ = **4b** _____
 Food, drugs, and medical appliances
5a _____ X ^(rate) _____ = **5b** _____
 Purchases at other rates
8a _____ **8b** _____

Location code _____
 Business district _____
 Site name _____
 Site address _____
 City and ZIP _____ **IL**

General merchandise
4a _____ X ^(rate) _____ = **4b** _____
 Food, drugs, and medical appliances
5a _____ X ^(rate) _____ = **5b** _____
 Purchases at other rates
8a _____ **8b** _____

